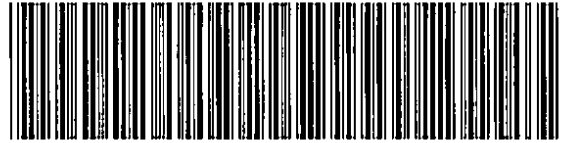


LP900000 3285



800322187888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EDY 834, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Authority and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Tarich

Name of Person

The Tarich Law Firm P.A.

Firm/Company

1946 Tyler Street

Address

Hollywood, Florida 33020

City/State and Zip Code

jamie@tarichlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamie Tarich

Name of Person

305

Area Code

503-5096

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited liability company submits the following statement of authority:

FIRST: The name of the limited liability company is: EDY 834, LLC

SECOND: The Florida Document Number of the limited liability company is: L19000003285

THIRD: The street address of the limited liability company's principal office is:
10 South LaSalle Street, 31st Floor, Chicago, IL 60603

The mailing address of the limited liability company's principal office is:
10 South LaSalle Street, 31st Floor, Chicago, IL 60603

FOURTH: This statement of authority grants or sets limitations of authority on all persons having the status or position of a person in a company, whether as a member, transferee, manager, officer or otherwise or to a specific person on the following:

1. May execute an instrument transferring real property held in the name of the company.

a. Granted to: Yossi Lipkin, Doron Malinasky and Eliyahu Levy.
each one, acting alone, as Authorized Representative

b. No authority granted to: _____

2. May enter into other transactions on behalf of, or otherwise act for or bind, the company.

a. Granted to: Yossi Lipkin, Doron Malinasky and Eliyahu Levy
each one, acting alone, as Authorized Representative

b. No authority granted to: _____

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19 JAN -9 PM 6:23
COUNTY OF COOK
STATE OF ILLINOIS
FALL LA SALLE, FLORIDA



Signature of authorized representative

Yossi Lipkin, Authorized Repres

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)